	Type or print in it	IIK.	energia extensión	CALIFORNIA 460
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			City Clerk's Off	09 Only
	Statement covers period from 10/19/2014	Date of election if applicable: (Month, Day, Year)	DEC 2 6 2014	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/24/2014	11/4/2014	RECEIVE	D
1. Type of Recipient Committee: All Committees - Com	piete Parta 1, 2, 3, and 4.	2. Type of Statement:		*
State Candidate Election Committee     Recall (Also Complete Part5)	marily Formed Ballot Measure immittee Controlled Sponsored to Complete Part 8)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 1	t	terly Statement Ial Odd-Year Report Nemental Preelection Iment - Attach Form 495
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	imarily Formed Candidate/ ficeholder Committee so Complete Part 7).	Amendment (Explain )	oelow)	
3. Committee Information	NUMBER 6663	Treasurer(s)	and the second s	
Means for Council	2014		owstone Hi	
STREET ADDRESS (NO P.O. BOX)  1421 Yellowstone Av  CITY  Milpitus CA 95035	408-262-8975	Milpitas	CA 95035	ODE AREA CODE/PHONE 408-262-8975
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI	OX	MAILING ADDRESS		
GITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP (	ODE AREA CODE/PHONE
OPTIONAL; FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADI	DRESS	
4. Verification  I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct.  By  Role	owledge the information contained in Caryla Klassiste Signature of Teaswar or Assiste Standarde, State Measure Standard of Controlling Office holder, Candidate	rit treasurer  Proponent of Responsible Officer of Sponso	eit & near
EXECUTED ON accommission and accommission accommission and accommission and accommission and accommission accommission and accommission accommission and accommission	By innovanions in initial common	Signature of Controlling Officeheldes, Candidat		FPOC Form 460 (January/05)

Robert S. Means FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  City Council of Milpites		NAME OF BALLOT MEASURE			
TICE COLICET OR HELD (INCLIDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)					
FICE SOUGHT ON HEED (INCLUDE ECONTION AND DESCRIPTION OF THE PROPERTY OF THE P		BALLOT NO OR LETTER	JURISDICTION	1 1	SUPPORT OPPOSE
City Council of Miles		**************************************			
TOTAL MUSINESS ADDRESS INC. AND STREET) GITY SINCE LO	:6	Identify the controlling off			proponent, if a
421 Yellows tone Au Milpitus CA 950;		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	PONENT	
telated Committees Not Included in this Statement: List any committees of included in this statement that are controlled by you or are primarily formed to receive outributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OFFIELD	:	DISTRICT NO	IF ANY
OMMITTEE NAME I.D. NUMBER	_	. Primarily Formed Car	-didatalOffic	eholder Committee	List names of
AME OF TREASURER CONTROLLED COMMITTEE?	7	· Primarily Formed Car officeholder(s) or candidate(	(s) for which this	s committee is primarily fo	rmed
MAKE OF TREASURES.		NAME OF OFFICEHOLDER OR	*********	OFFICE SOUGHT OR HEL	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		COUNTY OF COUNTY OF COUNTY			OPPOSE
STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPOR
COMMITTEE NAME LD. NUMBER		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEI	D SUPPO
NAME OF TREASURER  CONTRÔLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				to the second	
CITY STATE ZIP CODE AREA CODE/PHONE		A	ttach continual	tion sheets if necessary	

### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded
to whole dollars.

Statement covers period from 10/19/2014 CALIFORNIA 460.

through 12/24/2014 Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Meaus for Council 2014

1366663 Column A Column B **Contributions Received** Calendar Year Summary for Candidates TOTAL THIS PERKXO (FROMATTACHED SCHEDULES) CALENDAP YEAR Running in Both the State Primary and TOTAL TODATE **General Elections** 1. Monetary Contributions ...... Schedule A. Line 3 7619 2. Loans Received ...... Schedile 5. Une 3 - 2800 1/1 through 6/30 7/1 to Date 7619 20. Contributions Received 4. Nonmonetary Contributions ...... Schoole G. Line 3 650 21. Expenditures - 955 8269 Made Expenditures Made **Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4. \$ Candidates 7. Loans Made ...... Schedule H Line 3 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expanditure Lient) Date of Election Total to Date 650 (mm/dd/yy) 2270 **Current Cash Statement** 12. Beginning Cash Balance ...... Provious Summary Page, Line 16 To calculate Column B, add amounts in Column A to the corresponding amounts 0 \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in Column A may be negative 16. ENDING CASHBALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (865/275-3772)

### Scneaule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

E OF FILER	Means for Council 20	14		AMOUNT	CUMULATIVE TO	DATE	PERELECTION
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCCMMITTEE, ALSCENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR Y (JAN, 1 - DEC	EAR	(IF REQUIRED)
	Robert S. Means 1421 Yellowstone Av. Milpitas, CA 95035	MIND COM OTH PTY SCC	Self employed Sustainable Habitat	#1845	#209	'5	
	1/1/pittas, 512	OTH SCC					
		□IND □COM □OTH □PTY □SCC					
<u>ng mang dan mang dan</u>		OND COM OTH PTY					
		□IND □COM □OTH □PTY □SCC					
		The second secon	SUBTOT	ALS 1845.0	0		
1. Amount (Include	received this period – itemized monetary contributions all Schedule A subtotals.)  received this period – unitemized monetary contribution that are contributions received this period.  net and 2. Enter here and on the Summary Page, Contributions received the Summary Page, Contributi	0112 01,100	** * *			oth OTH — Oth OTY — Polit	dual cipient Committee ner than PTY or SC ner (e.g., business

Schedule	B-Part 1
Loans Red	seived

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/19/2014 CALIFORNIA 460

through 2/24/2014 Page 15 of 6

				managhth)-ijanijija	through 12/2	4/2014	Page 15	of <u>6</u>
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  MRANS FOR COO	eneil 2014		***************************************		The second secon		1.D. NUMBER	663
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTERLO, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(B) AMOUNT RECEIVED THIS PERIOD	(s) AMOUNT PAI OR FORGIVE THIS PERIO	N GLOSE OF THIS	(0) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Robert S. Means 1421 Yellowstone Au	Self employed Sustainable			MPAID 5.935,2 MFORGIVEN	2 5 9	RATE	,2800	CALENDAR YEAR 3 1860 PERELECTION**
Milpitas, CA 95035	Habitat	,2800	, <u>O</u>	1844.7	<b>B</b> DATE DUE	t O	0/16/2019 DATE INCUPRED	1.2800
		\$	8	PAID  FORGIVEN	DATEGUE	WATE.	\$ DATE WOURRED	CALENCAR YEAR  FERELECTION**  S
TO IND O COM OTH OPTY O SEC		The state of the s		P C FORGIVEN	***************************************	RATE	\$	CALENDARYEAR  \$
TO IND COM COTH CETY CSCS	An and a state of the state of	Designation of the second	\$	\$	DATE DUE	\$	DATE INCURRED	
		SUBTOTALS :	<b>5</b>	\$ 2,800	\$ O	s 0		
Schedule B Summary  1. Loans received this period					*0	(Eiter (e) on Schedule E. Uhe S	9)	
2. Loans paid or forgiven this period (Total Column (b) plus unitemized loan (Total Golumn (c) plus loans under \$10 (Include loans paid by a third party tha	s of less than \$100.)  0 paid or forgiven.)	***************************************		2	#2,800		†Contributor Code IND – Individual COM – Recipient C (other than OTH – Other (e.g PTY – Political Par	Committee () PTY or SGC) () business entity)
Net change this period. (Subtract Lin- Enter the net here and on the Summa	e 2 from Line 1.)		**********	NET \$	(May be a negative mirrher).		SCC - Small Cont	

\*Amounts forgiven or paid by another party also must be reported on Schedule A.
\*\* If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

CALIFORNIA FORM Statement covers period from 10/19/2014

CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND tundraising events  Independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  NAME AND ADDRESS OF PAYEE efficiency in the properties of the properties	hrough 12/24/2014	Page 6 of 6							
CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FET petition circulating  TE petition circulating  POL polling and survey research  TO postage, delivery and messenger services  TE professional services (legal, accounting)  TE professional services (legal, accounting)  TE professional services (legal, accounting)  TO print ads  NAME AND ADDRESS OF PAYEE geommittee auso extent to numbers  TO DE OR DESCRIP		1366663							
(IPCOIMITTEE ALSO ENTERID NUMBER) CODE OR DESCRIP	CNS campaign consultants MTG meetings and appearances PFD contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and product candidate filling/ballot fees PHO phone banks TRC candidate travel, lodging, and in polling and survey research TRS staff/spouse travel, lodging, and independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration								
	PTION OF PAYMENT	AMOUNT PAID							
Google Adwords 1600 Amphi Theater PHwy WEB on-line and Mountain View, CA 94043	tvertising	#224.10							
Rajeev Madnawat for City Council 1431 Arizona Av Milpitas, A 95035 FPPC*1366861  Rajeev Madnawat for City Council 2014 LIT share of	meiler	\$150,00							
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	su	BTOTAL\$ 374.10							
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)									
Unitermized payments made this period of under \$100	· · · · · · · · · · · · · · · · · · ·	<u>\$ 374.10</u>							

Recipient Cor	nmittee	type or print in ink			RECEIVED AND FIL	CALIFORNIA 410
Statement Type	□Initial	Amendment		tion - See Part 5	in the office of the Secretary of of the State of California	For Official Use Only
	Not yet qualified 🔲 o	List I.D. number:	List 1.D. numb		DEC 29 2014	City Clerk's Office
			77	4,2014	DEC 20 ZUIT	JAN 0 9 2015
	Date qualified as comm		continuent manin	ermination		
1. Committee	Infarmation	(ff appikable)	**************************************			RECEIVE
NAME OF COMMITT				ME OF TREASURER	ther Principal Officers	
25.77.77.77.7	الشد	· · · · · · · · · · · · · · · · · · ·	(4)	C-arol	Alein	
and the second second	and the second second	Council 2014	\$1	REET ADDRESS	Youstone Av	
STREET ADDRESS	NOPO.BOX Ellowstone	. 1421	O	Milpites		CODE AREA CODE/PHONE 408 - 262-89 75
CITY // / / / / / / / / / / / / / / / / /	tas	STATE ZIP CODE AREA COD - A 95035 408-26		ME OF ASSISTANT TREA		
OPTIONAL: FAX/E	-MAIL ADDRESS	an en sign same ann a staisinn à airea de seasann aige ann amh an dheastaig a de airean airean an ann an de sa	manumininingan.			P CODE AREA CODE/PHONE
COUNTY OF DOMIC	HF ICA	UNTY WHERE COMMITTEE IS ACTIVE IF DIFFE	run	AME AND POSITION OF O Rober T	THER PRINCIPAL OFFICER(S), IF APPL S. Menus	JCABLE
Santa	TH	AN COUNTY OF DOMICILE	N	ALING ADDRESS	<del>inerial esta di minimi in interiore di minimi in interiore di minimi in interiore di minimi in interiore di mi</del> Tanta	
Attach ackiltional ii	nformation on appropriate	nly labeled continuation sheets.		my Milyitas		PCODE AREA CODE/PHONE 408-262-8975
perjury under the	easonable diligence in	preparing this statement and to the bescallfornia that the foregoing is true and c	st of my knowled	ge the information con	ntained herein is true and comp	lete. I certify under penalty of
Executed on	22 Dec 2	2014 By	Lebe Nebe	et d. he	OF TREASURER OR ASSISTANT TREASURE OFFICEHOLDER, CANDIDATE, OR STATE ME	
Executed on	PATE	Ву	SK	SNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT
Executed on		By windows		and the second s	OFFICENOLDER, GANDIDATE, OR STATE ME	

Recipient Committee Campaign Statement Cover Page	Type or print in i	nk.	Date Stamp City Glerid's Office	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from 10-1-14	Date of election if applicable: (Month, Day, Year)	OCT 2 4 2014	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10-18-14	11-4-14		
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	keenen ja	because the second seco
State Candidate Election Committee Recall (Also Complete Part5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		t Speci Suppl Fermination) Stater	
3. Committee Information	D. NUMBER	Treasurer(s)		
STREET ADDRESS (NO P.O. BOX)  1421 Y-ellowstone Ar  CITY  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.  CITY  STATE ZIP O	2014	MAILING ADDRESS	Klein  CA STATE ZIP CO  RER, IF ANY  STATE ZIP CO	35 (408) 262-0420
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	websaninesidellisinoideediselliseliselisellisellisellisellis
4. Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ  Executed on 10-23-14  Executed on Date  Executed on Date  Executed on Executed on	aia that the foregoing is true and correct.  By Acker  By Signature of Corr  By	Cauch KC  Signature of Treasurer for Assistant  trolling Officeholder, Candidate, State Measure Pr  Signature of Controlling Officeholder, Candidate, S	Treasurer  roponent or Responsible Officer of Sponsor  State Measure Proponent	es is true and complete. I certify
Date	<del>-</del>	Signature of Controlling Officeholder, Candidate, 5	State Measure Proponent	EDDC Earm 460 (January/05)

### Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			s may be rounded whole dollars.	16-1-14 FO		FORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE		-	through 101	8-14	Page	_2 of <u>2</u>
NAME OF FILER	Means for Council 2014					I.D. NL	JMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/15/14	International Brotherhood of Electrical Worters FPPC#1298069 2125 Canoas Barden Ave Ste 100 San Jose, CA 95125	□IND SCOM □OTH □PTY □SCC	IBEW Education Fund	\$200.00	\$200,00	0	\$ 200.00
	101123	□IND □COM □OTH □PTY □SCC					
	· .	□IND □COM □OTH □PTY □SCC				1	
		□IND □COM □OTH □PTY □SCC					
	· ·	□IND □COM □OTH □PTY □SCC			·		
			SUBTOTAL \$	\$ 200.00			
1. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions		,		IND - COM- OTH -	other ( Other (	al ent Committee than PTY or SCC) (e.g., business entity)
3. Total monet	tary contributions received this period.  1 and 2. Enter here and on the Summary Page, Colum				PTY -	-Political	Party contributor Committee

Recipient Committee					COVER PAGE
Campaign Statement Cover Page	Type or print in	ink.	Date Stamp	CALIFORNIA FORM	400
(Government Code Sections 84200-84216.5)	Statement covers period from 10-1-14	Date of election if applicable: (Month, Day, Year)	OCT 2 2 20	14 Page	of 7 Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>10-18-14</u>	11-4-14			
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	Termination)	Quarterly Statement Special Odd-Year Report Supplemental Preelecti Statement - Attach Fore	on
3. Committee Information	1.D. NUMBER 1366663	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT		NAME OF TREASURER	~!~:		
Means for council ,	2014	MAILING ADDRESS 1421 Yell	owstone Au	<b>&gt;-</b> C	
STREET ADDRESS (NO P.O. BOX) 1421 Yellowstone Ave		Milpitas	STATE CA	ZIP CODE AR	EA CODE/PHONE ) 262-0420
	P CODE AREA CODE/PHONE 5035 (408) 262-8975	NAME OF ASSISTANT TREASU	JRER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F	O. BOX	MAILING ADDRESS			
CITY STATE Z	P GODE AREA CODE/PHONE	CITY	STATE	ZIP GODE AR	EA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	DRESS		
4. Verification I have used all reasonable diligence in preparing and reviounder penalty of perjury under the laws of the State of Call  Executed on	Signature of Co.	pignature of Controlling Officeholder, Candidate	nt Treasurer  Proponent or Responsible Officer		nplete. I certify
Executed on	. By	Singeture of Controlling Office holder Condidate	State Mescure Dronovent		

NAME OF OFFICEHOLDER OR CANDIDATE		NAME	OF BALLOT MEASURE	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
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OFFICE SOUGHT OR HELD (INCLUDE LOCATI		BALL	OT NO. OR LETTER	JURISDICTIC	· · ·	SUPPORT
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RESIDENTIAL/BUSINESS ADDRESS (NO. ANI		* 4	A.F.Z. WA			
1421 Yellowstone A	ve. Hilpitas CA 95035			-	ndidate, or state measur	proponent, ir any
		NAM	E OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	
Related Committees Not Include	d in this Statement: List any committees	incominate and a second				
not included in this statement that are cor contributions or make expenditures on be	ntrolled by you or are primarily formed to receive half of your candidacy.	OFFI	CE SOUGHT OR HELD		DISTRICT N	), IF ANY
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## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

through \_10-18-14 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Means for Council 2014 Column A Column B Contributions Received Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 20. Contributions Received 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4 3.582 7.246 Candidates 4 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 22. Cumulative Expenditures Made\* 3.582 (If Subject to Voluntary Expenditure Limit) Ð Date of Election Total to Date 10. Nonmonetary Adjustment ...... Schedule C, Line 3 0 (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 1035 To calculate Column B. add amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. 15. Cash Payments ...... Column A, Line 8 above 3582 report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if anv). 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05)

### Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period **CALIFORNIA FORM** 

trom \_ 10-1-14 through 10-18-14

Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Means for Council 2014

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BLISINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/14	Mark Tiernan 302 Siwera St. Milpitas, CA 95035	IND COM OTH PTY	Business Consultant Hark Tierran Communi	\$ 200.00 catins	\$200.00	#200,00
10/2/14	Thomas Miler 2229 Manuela Dr. Chaska, MN 55318	⊠IND □COM □OTH □PTY □SCC	Retired None	\$50.00	\$ 100.00	\$100.00
10/4/14	Wesley McDonald 6006 Inverwood Dr. Bakers field, CA 93314	MIND COM OTH PTY SCC	Colliers International Realtor	\$ 200.00	\$200.00	\$200.00
10/4/14	Peter Vander Linden 185 West Portola Aue. Los altos, CA 94022	MIND COM OTH PTY SCC	Golgi Sensor Developer	g 100.00	\$100.00	\$100.00
10/4/14	Robert Lord 1508 Casa de Ponselle San Jose, CA 95118	☑IND □COM □OTH □PTY □SCC	Retired None	\$50.00	\$ 150.00	\$150,00
			SUBTOTAL	\$ 600.00	THE CONTRACTOR	

#### **Schedule A Summary**

1. Amount received this period – itemized monetary contributions. 

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

3. Total monetary contributions received this period.  \*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# **Schedule A (Continuation Sheet) Monetary Contributions Received**

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be to whole do		Statement cove	•	CALIFORM FORM	460
				through <u>10 - 18</u>	-14	Page 5	_ of _ <del>7</del>
NAME OF FILER .	Means for Council 2014				:	I.D. NUMBER	
	FIRE NAME STREET ADDRESS AND THE CODE OF CONTROLLING		IE AN INDIVIDUAL ENTED	AMOUNT	A) 14 41 11 ATO 17 TO		ED EL COTION

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/14	David Hufton 1455 Fountain bleu Ave. Milpitas, CA 95035	MIND COM COTH STY SCC	Retired None	\$ 200.00	\$200.00	\$200,00
10/15/14	International Brothenhood of Electrical Workers #332 2125 Canoas Garden Aue. Ste. 100 San Tose, CA 95125 #1298069	□IND □COM ⊠OTH □PTY □SCC	Union	\$200.00	\$200.00	\$200.00
		□IND □COM □OTH □PTY □SCC			·	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC			,	
·			SUBTOTAL \$	400.00		

\*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

### Schedule B - Part 1

Type or print in ink.

Amounts may be rounded

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received	Amounts may be rounded Statement cover to whole dollars.						CALIFORNI FORM	<sup>A</sup> 460
SEE INSTRUCTIONS ON REVERSE					through <u>10-1</u>	8-14	Page 6	or <u>7</u>
name of filer Means for Counci	1 2014						I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDMIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(#) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	CLOSE OF THIS	(a) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Rob Means 1421 Yellowstone Aue. Milpitas, CA 95035	Self Employed Sustainable Habitat	4	2800-	PAID  FORGIVEN	\$ 2,800	O N	:2800	s 2800 PERELECTION**
TO IND COM OTH PTY SCC	MADITAN	5-0	:2800	1-6	DATE DUE	\$	DATE INCURRED	,2000
			,	\$FORGIVEN	\$	RATE	\$	S PER ELECTION **
T IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	<b>\$</b>
				\$FORGIVEN	<b>\$</b>	RATE %	\$	\$PER ELECTION**
† IND COM OTH PTY SCC	·	\$	\$	\$	DATEDUE	\$	DATE INCURRED	
		SUBTOTALS S	2,800	\$ 6	\$ 2,800-	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans	•			,	2,800		another part	rgiven or paid by y also must be
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or torgiven.)		***************************************	\$	-0		reported on	
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summar</li></ol>		*****************		. NET \$ _	2,800 (May be a negative number)			r 1
† Contributor Codes IND – Individual COM – Recipient Committee (c	other than PTY or SCC) OTH -	Other PTY-F	olitical Party	SCC – Small C	Contributor Committee	FPPC 1		rm 460 (June/01) e: 866/ASK-FPPC

### Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULEE

Statement covers period from 10-1-14

through 10-18-14

Page 7 of 7

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Means for Council 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. radio airtime and production costs member communications campaign consultants CNS meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees candidate travel, lodging, and meals phone banks FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings print ads information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE AMOUNT PAID (IF COMMITTEE, ALSO ENTER ID. NUMBER) CODE OR **DESCRIPTION OF PAYMENT** Summyhills Neigh borhood association PRT # 250-Sunnyhills Newsletter

Mailer Printing & Sending 260 Boulder St. Milpitas, CA 95035 Pacific Printing LIT 1002 South 2nd St. San Jose, CA 95/12

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$ 3,539.00

<b>Schedule</b>	E	Sum	ma	ry
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Recipient Committee Campaign Statement Cover Page	Type or print in i	nk.	Date Stamp	california 460 FORM
Government Code Sections 84200-84216.5)	Statement covers period from 7-1-14	Date of election if applicable: (Month, Day, Year)	OCT 0 2 2014	Page of  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>9-30-14</u>			
1. Type of Recipient Committee: All Committees –  Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 5)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
Milpitas OA 99 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	CODE AREA CODE/PHONE 5035 408-262-8975	MAILING ADDRESS  1421 Yello CITY  Milpitas NAME OF ASSISTANT TREASU	IRER, IF ANY	ZIP GODE AREA CODE/PHONE  95035 (408) 262-0420  ZIP CODE AREA CODE/PHONE
4. Verification  I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califference on	ornia that the foregoing is true and correct.  By	owledge the information contained h  Carol Klein Signature of Treasurer or Assistant Bert Surea  merolling Officeholder, Candidate Signature of Controlling Officeholder, Candidate Storeture of Controlling Officeholder, Candidate	nt Treasurer  Proponent or Responsible Officer of S State Measure Proponent	

COVERPAGE

	COVER	PAGE - PART2
CALII F	FORNIA ORM	460
Page _	2	or <u>9</u>

AME OF OFFICEHOLDER OR CANDIDATE  Robert S. Means  FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT  City Council of Milporesidential/business address (No. AND STREET)  1421 Yellowstone Ave M	itas		NAME OF BALLOT MEASURE BALLOT NO. OR LETTER	LJURISDICTION		
City Council of Milpo ESIDENTIAL BUSINESS ADDRESS (NO. AND STREET)	itas		BALLOT NO. OR LETTER	LINEIGNICTION		
City Council of Milpo ESIDENTIAL BUSINESS ADDRESS (NO. AND STREET)	itas		BALLOT NO. OR LETTER	REPROPRIETION		
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT				BORISDIONOR		SUPPORT OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT						
M 1 11 L M	TY STATE ZIP					
1431 YOLLOWSTONE THE FL	ilpitas CA 95035		identify the controlling off			proponent, ii an
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROP	ONENT	
related Committees Not Included in this State of Included in this statement that are controlled by you of contributions or make expenditures on behalf of your cannot be the contributions of the cont	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
OMMITTEE NAME	I.D. NUMBER		_			
		7.	Primarily Formed Can	didate/Officeh	older Committee	List names of
AME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s	r) for which this c	ommittee is primarily fo	med.
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELL	DE SUPPORT
SMINIT REE MUDITEOS			Robert S. Me	ans	City Counci	OPPOSE
ITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE (	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
OMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
AME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
	☐ YES ☐ NO					OPPOSE
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)			<u> </u>		
STATE ZIP C	ODE AREA CODE/PHONE		Atte	ich continuation	sheets if necessary	

### **Campaign Disclosure Statement Summary Page**

Type or print in lnk. Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)

400

3.060

3.060

400.

Column B

CALENDAR YEAR

TOTALTODATE

3664

**SUMMARY PAGE** Statement covers period **CALIFORNIA FORM** 7-1-14 9-30-14

SEE INSTRUCTIONS ON REVERSE

**Contributions Received** 

**Expenditures Made** 

NAME OF FILER

Means for Council 2014

SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2

Nonmonetary Contributions ...... Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3+4

6. Payments Made ...... Schedule E, Line 4 \$ 7. Loans Made ...... Schedule H, Line 3

		I.D. NUMB	EM		
Calendar Year Running in Bo General Electi	th th				
	1/1 th	rough 6/30	7	7/1 to Date	
20. Contributions Received	\$	······································	. \$_		
21. Expenditures Made	\$		. \$_		
Expenditure L Candidates	imit S	Summary	for !	State	
22. Cun (# s	nufativ Jubject to	e Expendit Voluntury Expe	ures nditure	Made* Limit)	
Date of Elect (mm/dd/yy			To	otal to Date	
	† 	\$		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
	<u> </u>	\$	*******		
*Amounts in this so reported in Column		may be differe	ent fro	m amounts	

10. Nonmonetary Adjustment ...... Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts 14. Miscellaneous increases to Cash ....... Schedule I, Line 4 from Column B of your last report. Some amounts in 060 Column A may be negative figures that should be 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents ...... See instructions on reverse ₽ FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

### Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from  $\frac{7-1-14}{}$ 

california 460 form

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Means for Council 2014

I.D. NUMBER

					t	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-8-14	Carol Klein 1421 Yellowstone Ave. Hilpitas, CA 95035	MIND ☐COM ☐OTH ☐PTY ☐SCC	Account Clerk Catif. School Employ. Assn.	\$250,00	\$250.00	
7-8-14	Rob Means 1421 Yellowstone Ave. Milpitas, CA 95035	XIND   COM   OTH   PTY   SCC	Self-Employed Sustainable Habitat	\$50.00	\$250.00	
7-7-14	Craia Dunkerly	SMND COM OTH PTY SCC	Solar System Sales Clean Solar	\$200.00	\$250.00	
7-2314	Robert S. Land	DIND COM OTH PTY	Retired None	\$100.00	\$100.00	
7-24-14	Gerald Thompson 1594 Everglades Dr. Hilpitas, C4 95035	MIND COM OTH PTY SCC	Professor Samuel Merritt University	\$250.00	\$250.00	
			SUBTOTALS	\$ 850.00		

#### **Schedule A Summary**

- 1. Amount received this period contributions of \$100 or more.

  (Include all Schedule A subtotals.) \$ 1,900.00

  2. Amount received this period unitemized contributions of less than \$100 \$ \$69.00

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

### **Schedule A (Continuation Sheet) Monetary Contributions Received**

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) Statement covers period CALIFORNIA **FORM** 7-1-14 through 9-30-14

	Means for Council 2014					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/14	Barb Martens 1712 Big Bend Dr. Mil pitas, CA 95035	SIND COM OTH PTY SCC	Human Resources Analyst Milpitas Unified, School District	\$100.00	\$ 100.00	
8/18/14	Tohn McLe More	ZIND  COM  OTH  PTY  SCC	Retired None	\$100,00	\$100.00	
8/18/14	Dennis Manning 1162 Chapel Hill Ave. Clovis, CA 93611	MIND COM COTH COTH COTH COTH COTH COTH COTH COTH	Retired None	\$200.00	\$200.00	
9/15/14	Cathleen Deppe 6330 Mecham Way Los Angeles, CA 90043	STIND COM	Retired None	\$100.00	\$100.00	
9/21/14	Ronald Lind 1874 Yosemite Dr. Milpitas, CA 95035	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Labor Organizer United Food and Commercial Workers	\$ 100.00	\$100.00	

SUBTOTAL\$ 600.00

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

I.D. NUMBER

## **Schedule A (Continuation Sheet) Monetary Contributions Received**

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

ed .	Statement covers period from 7-1-14	california 460
	through 9-30-14	Page 6 of 9
		I.D. NUMBER

Means for Council 2014

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODATE (IF REQUIRED)
9/24/14	Herb Engstrom Santa Clara County Democratic Club 5974 Friar Way, San Juse 95129 FEC ID # C00419028	□IND □COM □OTH XEPTY □SCC	NA	\$ 150.00	\$150.00	
8/30/14	Plan a Names	⊠IND □COM □OTH □PTY □SCC	Business Director Community First School	\$ (50.00	\$150.00	
8/30/14	Jean McKay 3427 Whitman Way San Jose , CA 95132	MIND COM OTH PTY SCC	Retired None	\$ 150.00	\$150.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	./			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (966/275-3772)

### Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** I.D. NUMBER

SCHEDULE C

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Means for Council 2014

	1 (200) 10. 00000000						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/14	Sunnyvale, CA 94086	MIND  COM  OTH  PTY  SCC	Retired None	Wine Tasting Certifiate	\$150.00	\$200.00	
8/15/14	Jody Bell	MIND COM OTH PTY SCC	Staff Director Hember Benefits Calif. School Employees Union	of Sciences	\$250,00	\$250,00	
	•	IND   COM   OTH   PTY   SCC					
		□IND □COM □OTH □PTY □SCC		,			

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 400,00

Schedule	C	Sumn	nary
----------	---	------	------

2.	Amount received this period – unitemized nonmonetary contributions of less than \$100	. \$ _	<u> </u>
	Amount received this period – nonmonetary contributions of \$100 or more.  (Include all Schedule C subtotals.)	. \$	400,00

3. Total nonmonetary contributions received this period. 400.00 

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

### Schedule E **Payments Made**

Type or print in Ink. Amounts may be rounded to whole dollars.

MBR member communications

office expenses

phone banks

print ads

petition circulating

meetings and appearances

polling and survey research

MTG

OFC

PET

PHO

POL

POS

PRO

PRT

		SCHEDULE
Statement covers period	CALIFORNIA	460
from 7-1-14	FORM	400
9,30-14	ጽ	9

LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

campaign paraphernalia/misc.

candidate filing/ballot fees

contribution (explain nonmonetary)\*

campaign literature and mailings

campaign consultants

fundraising events

legal defense

NAME OF FILER

CVC civic donations

CNS

CTB

FL FND

ND

LIT

LEG

Means for Council 2014

independent expenditure supporting/opposing others (explain)\*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs

returned contributions

SAL campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC

TPS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER ID, NUMBER)	CODE O	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Milpitas 455 E. Calaveras Blvd. Milpitas, CA 95035	FIL	Candidate Statement for Ballot	\$ 1,900-
Pacific Printing 1002 S. 2nd St. San Jose, CA 95112	LIT	Doorhanger Literature	\$ 645.67
Pacific Printing 1002 S. 2nd St. San, Jose, CA 95112	CMP	2 Banner Signs	\$195.75

postage, delivery and messenger services

professional services (legal, accounting)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 

Schedule	E	
(Continua	tion	Sheet)
<b>Payments</b>	Mac	de

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDU	LE E (CONT.
Statement covers period	CALIFORNIA	460
from 7-1-14	FORM	400
through <u>9-30-14</u>	Page 9	, 9_

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Means for Council 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)\* CVC civic donations candidate filing/ballot fees FIL

FND fundraising events independent expenditure supporting/opposing others (explain)\* ND

LEG legal defense campaign literature and mailings UT

MBR member communications MTG meetings and appearances returned contributions RFD

OFC office expenses petition circulating PET PHO phone banks

POL. polling and survey research postage, delivery and messenger services POS PRO professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

campaign workers' salaries SAL

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

information technology costs (internet, e-mail) WEB

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Rob Means-Reimbursement 1421 Yellowstone Ave. Milpitas, CA 95035	CMP	Lighting for Banner Signs	\$ <sub>18</sub> 4.98
			/.

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in in	ık.	Date Stamp City Clerk's	Garage Garage Garage	LIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from	Date of election if applicable: (Month, Day, Year)  11 - 4 - 14	JUL 25	Pag	For Official Use Only
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	nplete Parts 1, 2, 3, and 4.  allot Measure Committee ) Primarily Formed ) Controlled ) Sponsored (so Complete Part 6)  rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b		Supplemen	itatement d-Year Report tal Preelection - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Means for Council  STREET ADDRESS (NO P.O. BOX)  1421 Yellow Stone  CITY STATE ZIP COI	Aue :  DE AREA CODE/PHONE  035 (408)262-8975  DX	Treasurer(s)  NAME OF TREASURER  CAVOL J. K  MAILING ADDRESS  1421 Yellow  CITY  MILD ITAS  NAME OF ASSISTANT TREASU  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDI	STATE CA RER, IF ANY	ZIP CODE  95035  ZIP CODE	AREA CODE/PHONE 408-262-042  AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Executed on   Executed on   Date  Executed on   Date  Executed on   Date	By Signature of Control  By Signature of Control  By Signature of Control	knowledge the information contained correct.  Carol A Kl Signature of Treasured ar Assistant Celling Officeholder, Candidate, State Measure Pro- signature of Controlling Officeholder, Candidate, S	Treasurer  Diponent or Responsible Officer  State Measure Proponent		ules is true and complete. I

COVER PAGE

	ittee	6.	<b>Ballot Measure Commi</b>	ttee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				,
Robert S. Means							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	•		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
City Council of Mi	<i>lpit</i> as						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP						
1421 Yellowstone Ave. M.	ilpitas OA 95035	_	Identify the controlling off	*		e measure pi	oponent, if an
- Charles the control of the control			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Sta			OFFICE SOUGHT OR HELD		r	ISTRICT NO. IF	ANV
not included in this statement that are controlled by you contributions or make expenditures on behalf of your car			or in the control of		1	noimor no. n	
COMMITTEE NAME	I.D. NUMBER					C. ( ) ( ) C. ( ) .	
		7.	Primarily Formed Com	imittee <i>List</i>	names of office	holder(s) or ca	ndidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?		which this committee is prim				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGI	-IT OR HELD	SUPPORT
·	,		Robert S. Me	ans	City a	ouncil	OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGH	IT OR HELD	
	ODE AREA CODE HORE						SUPPORT
	ODE AREA COUDERTORE						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUGH	T OR HELD	OPPOSE
COMMITTEE NAME			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGH	IT OR HELD	§ hatel
COMMITTEE NAME  NAME OF TREASURER			NAME OF OFFICEHOLDER OR O	· · · · · · · · · · · · · · · · · · ·	OFFICE SOUGH		OPPOSE  SUPPORT OPPOSE
	I.D. NUMBER			· · · · · · · · · · · · · · · · · · ·			SUPPORT SUPPORT
	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO			· · · · · · · · · · · · · · · · · · ·			OPPOSE  SUPPORT OPPOSE
NAME OF TREASURER	L.D. NUMBER  CONTROLLED COMMITTEE?  YES NO			· · · · · · · · · · · · · · · · · · ·			OPPOSE  SUPPORT OPPOSE

# Campaign Disclosure Statement Summary Page

Type or print in lnk.
Amounts may be rounded to whole dollars.

period 14	CAL	IFORN ORM	IA	46	0
-14	Dana	3	αŧ	8	e de la constante de la consta

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Means for Council 2014

Statement covers I.D. NUMBER

TICKIN TO COUNTRY			
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	<b>Column B</b> Calendaryear Total todate	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$\ \ \begin{aligned} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 1,930.00 \$ 1,930.00 \$ 2,180.00	20. Contributions Received \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  Schedule E, Line 3  Add Lines 8 + 9 + 10	\$ <u>604.00</u> \$ <u>250.00</u>	\$ 604.00 \$ 604.00 \$ 250.00 \$ 854.00	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	\$ <del>0</del> 1,930.00 <del>0</del> 604.00 \$ 1,326.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed	\$ \$ \$ \$ \$
17. LOAN GUARANTEES RECEIVED	s <u>O</u>	the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (June/01)  FPPC Toll-Free Helpline: 866/ASK-FPPC

### Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 1-1-14	CALIFORNIA 460				
through <u>6-30-14</u>	Page 4_of 8				
 	I.D. NUMBER				

SEE INSTRUCTIONS ON REVERSE

Means for Council

**AMOUNT CUMULATIVE TO DATE** PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS TODATE OCCUPATION AND EMPLOYER CALENDAR YEAR IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OFBUSINESS) David Donaldson MIND Potired ГТСОМ \$ 250.00 \$250.00 3/18/14 3208 El Sobrante St. **□OTH** None **MPTY** Santa Clara, CA 95051 ZIND Bill Barrett Retired ПСОМ 2797 Lena Dr. \$ 100.00 \$ 100.00 3/25/14 **□OTH** None **TPTY** San Jose, CA 95124 TISCC **SIND** Michael Donaldson Student COM \$250.00 4/30/14 \$250.00 **MOTH** 759 Leland Ave. Wone ☐ PTY St. Louis, MO 43130 □scc MIND Richard Hobbs Attorney TICOM 4/23/14 1067 Broad way Ave. \$200.00 \$200.00 ПОТН Human Agenda □ PTY San Jose, CA 95125 □SCC Self Employed SIND Robert Means ПСОМ \$200.00 \$200,00 5/4/14 1421 Yellowstone Ave **□OTH** sustainable **□PTY** Milpitas, CA 95035 Habitat **TISCC** 

### SUBTOTAL\$ 1,000

#### **Schedule A Summary**

- 1. Amount received this period contributions of \$100 or more.

  (Include all Schedule A subtotals.) \$\frac{1,500.00}{100}\$

\*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)				
Statement covers period from 1-1-14	CALIFORNIA 460				
through <u>6-30-14</u>	Page 5 of 8				
	I.D. NUMBER				

NAME OF FILER	leans for Council 2014	, , ,				I.D. NUI	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
5/18/14	Matthew O'Brien 2173 Sepulveda Ave. Hilpitas, CA 95035	MIND COM OTH PTY SCC	Retired None	\$250.00	\$250.0	00	
6/4/14		MIND COM	Retired Wone	\$250.00	\$250.	00	
	•	□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC				Hereafor to be determined to the territory was and	
		□IND □COM □OTH □PTY □SCC		-			
			SUBTOTAL	500			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

### Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** from \_\_1-1-14 **FORM** through 6-30-14 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Marie for Council 2014

	means for contain be.	*					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/14	Cynthia McDonald 7512 Olcott Dr. Bakersfield, CA 93308	MIND  COM  OTH  PTY  SCC	self employed Cynthia's Photography	Candidate and family Photos	\$250.00	\$250.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
				OHOTOTAL	5 0 CO DO		

Attach additional information on appropriately labeled continuation sheets.

- 1. Amount received this period nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.) ......\$ 250.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$ \_\_\_\_
- 3. Total nonmonetary contributions received this period.

\*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

### Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-14 CALIFORNIA 460 FORM 460

through 6-30-14 Page 7 of 8

I.D. NUMBER

SEE INSTRUCTIO	through 6 50	-/7_	Page	of <u>Q</u>			
NAME OF FILER	leans for Council 2014					I.D. NUMBE	ER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
5/28/14	P-14 Measure C-Milpitas Unified SD Parcel Tax  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Robocalling - Message Communications.com	\$ 300.00 P-14	\$ 300. P-14	.00 t	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
The second of th			SUBTOTAL	\$ 300.00			
1. Contribution	D Summary ons and independent expenditures made this pe		•	·			300.00
2. Unitermized contributions and independent expenditures made this period of under \$100							

### Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

MBR member communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

	SUPERME				
Statement covers period	california 460 form				
from 1-1-14					
through <u>6-30-14</u>	Page 8 of 8				
	LD. NUMBER				

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphemalia/misc.

NAME OF FILER

Means for Council 2014

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, de	nses ulating	enger services	SAL campaign workers' salaries TEL tv. or cable airline and production common c	ils same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	t DES	CRIPTION OF PAYMENT	AMOUNT PAID
Message Communications.com		IND	Automa- with c	tic phone calling ampaign message	\$300.00
Pacific Printing 1002 South 2nd St, San Jose, CA	95112	LIT	Contribu	ution Envelopes	229.00
* Payments that are contributions or independent expenditures i	must also be sumr	marized on Sc	hedule D.	SUBTOTA	L\$
Schedule E Summary  1. Payments made this period of \$100 or more. (Include all So 2. Unitemized payments made this period of under \$100  3. Total interest paid this period on loans. (Enter amount from 4. Total payments made this period. (Add Lines 1, 2, and 3. E	Schedule B. Pari	t1. Column (e	e).)	············	